

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

ATTORNEY DOCKET NO.

70089.0003USU1

U.S. APPLICATION SERIAL NO.

10/073,625

CONFIRMATION NO.

4325

FILING DATE

February 11, 2002

INVENTOR(S)

Joseph R. Lakowicz

EXAMINER

Mark STAPLES

TITLE OF APPLICATION

RADIATIVE DECAY ENGINEERING

ADDRESS TO:	Mail Stop RCE Commissioner for Patents P.O. BOX 1450 ALEXANDRIA, VA 22313-1450
<p>This is a Request for Continued Examination under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 C.F.R. 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.</p>	
<p>1. Submission required under 37 CFR 1.114</p> <p>a. <input type="checkbox"/> Previously submitted. If a final office action is outstanding, any amendments filed after the final office action may be considered as a submission even if this box is not checked.</p> <p>i. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____.</p> <p>ii. <input type="checkbox"/> Other _____</p> <p>b. <input checked="" type="checkbox"/> Enclosed</p> <p>i. <input checked="" type="checkbox"/> Amendment</p> <p>ii. <input type="checkbox"/> Request for Reconsideration</p> <p>iii. <input type="checkbox"/> Affidavit(s)/Declaration(s) -</p> <p>iv. <input type="checkbox"/> Information Disclosure Statement (IDS) <input type="checkbox"/> PTO 1449 <input type="checkbox"/> Cited References (____)</p> <p>v. <input type="checkbox"/> Other _____</p>	
<p>2. Miscellaneous</p> <p>a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of ____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required).</p> <p>b. <input type="checkbox"/> Other _____</p>	
<p>3. Other Enclosures</p> <p>a. <input type="checkbox"/> Fee Transmittal (In Duplicate)</p> <p>b. <input type="checkbox"/> Request for Extension of Time for ____ months (In Duplicate)</p> <p>c. <input type="checkbox"/> Information Disclosure Statement (IDS) <input type="checkbox"/> PTO 1449 <input type="checkbox"/> Cited References (____)</p> <p>d. <input type="checkbox"/></p> <p>e. <input type="checkbox"/></p> <p>f. <input type="checkbox"/></p>	
<p>4. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.</p> <p>a. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments, to Deposit Account No. 13-2725.</p> <p>i. <input checked="" type="checkbox"/> RCE fee required under 37 CFR 1.17(e)</p> <p>ii. <input type="checkbox"/> Extension of time fee (37 CFR 1.136 and 1.17)</p> <p>iii. <input type="checkbox"/> Other _____</p> <p>b. <input type="checkbox"/> A check in the amount of _____ enclosed.</p> <p>c. <input type="checkbox"/> Payment by credit card (Form PTO-2038 enclosed). Credit card information should not be included on this form.</p>	
<p>CORRESPONDENCE ADDRESS</p>	
<p><input checked="" type="checkbox"/> The address associated with Customer Number: 23552 OR <input type="checkbox"/> correspondence address below</p>	
Name	_____
Address	_____
City	_____
State	_____
Zip Code	_____
SIGNATURE	/Drew Hissong/
DATE	October 26, 2007
TELEPHONE	202 326-0300
NAME	Drew Hissong
REGISTRATION NO.	44,765